

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. FILING DATE

APPLICANT(S) 10/03/360

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		-				
5		-				
6	/					
7	/					
8	/	-				
9		-				
10	/					
11	/					
12		-				
13	/					
14	/					
15		-				
16	/					
17		-				
18	/					
19	/					
20		-				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		-				
32		-				
33		-				
34		-				
35		-				
36		-				
37		-				
38		-				
39		-				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		-				
50		-				
TOTAL IND.	14					
TOTAL DEP.	20					
TOTAL CLAIMS	34					

TOTAL IND.	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL DEP.	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL CLAIMS	<input type="text"/>	<input type="text"/>	<input type="text"/>